WASHINGTON STATE ACCT
AGENCY COUNCIL ON COORDINATED TRANSPORTATION

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Richard J. Toth
Director, Office of Proposal Management
The Robert Wood Johnson Foundation
Route 1 and College Road
PO Box 2316
Princeton, NJ 08543-2316

Dear Mr. Toth:

Thank you for the opportunity to submit a project proposal letter. I believe it meets your funding priorities and look forward to your response.

Overview:
For the past ten years Washington has been emphasizing community, rather than institutional placement of vulnerable citizens with chronic medical conditions. The recent Olmstead decision has spurred the state's efforts in this direction.

Olmstead refers to a lawsuit brought against the state of Georgia by two people with disabilities in a state psychiatric hospital. They were approved for community placement but faced long waiting lists. They challenged their placement in an institutional setting rather than in community-based treatment programs. The claims of the plaintiffs were upheld in lower courts and the state of Georgia ultimately appealed to the U.S. Supreme Court.

In June 1999, the Supreme Court upheld the lower court's decision and ruled that, under Title II of the Americans with Disabilities Act, states must place persons with disabilities in community settings rather than in institutions whenever:

- The state's treatment professionals determine it is appropriate;
- The individual doesn't oppose it; and
- The placement can be reasonably accommodated, taking into account the resources available to the state and the needs of others with disabilities.

The Court suggested that states may demonstrate compliance with the ADA by showing that they have comprehensive and effective plans for placing qualified individuals with disabilities in less restrictive settings and waiting lists that move at a reasonable pace not controlled by the state's endeavors to keep its institutions fully populated.

In Washington these institutions include:

- State psychiatric hospitals
- Residential habilitation centers
- Nursing facilities
- State veterans homes
- Children's behavioral rehabilitation group homes
- Facilities for the developmentally disabled

The Department of Social and Health Services (DSHS) was designated the lead agency for Olmstead planning in Washington State. As DSHS began its Olmstead planning cycle, the advocacy groups quickly pointed out their greatest concern: DSHS was addressing the service programs that are under agency control, but the biggest barriers to community placement are the lack of affordable housing and the lack of transportation – and the two are very connected. DSHS turned to us, the Agency Council on Coordinated Transportation (ACCT), The Washington State Department of Transportation (WSDOT), and to the Office of Community Development (OCD) to form a partnership to address the full range of supports that are needed to make community placement a possibility.

If we are successful, we will be able to move people out of institutional settings into the community and we will prevent the institutionalization of others who wish to continue living in communities even as their health status deteriorates. People will have choices about their level of care.

Problem:

People with disabilities, frailties, and chronic medical conditions who wish to live in community settings are prevented from doing so because they cannot find accessible, affordable housing that has access to public transportation. The majority are eligible for Medicaid, and therefore will have transportation to medical appointments, but not for other purposes.

Successful community placement requires mobility. People must be able to get to shopping, social services, health care not covered by Medicaid, recreation, social events, and other aspects of community life. If this is not possible, institutional settings may be the only option. When people are capable of living in community settings, yet are denied that choice, their quality of life is diminished and costs to the public increase.

To the extent that the state can prevent institutional placement, it can avoid the expenses associated with the higher level of care and reinvest in community supports. To the extent that people have the choice to live in their communities and have the necessary support, their health and well-being is enhanced.

Project Description:

The project would have two components: 1) a full time transportation coordinator; and 2) a special transportation fund to purchase rides for eligible clients.

The transportation coordinator would have the following responsibilities:

- Form working partnerships with DSHS and Veterans Administration caseworkers, OCD Housing Division staff, transit systems, special needs coordinated transportation coalitions, community transportation providers, advocate groups, families, and users around the state.
- With these partners, develop individual transportation solutions for those impacted by the Olmstead decision.

- Work with caseworkers in DSHS and the Veterans Administration to identify people who can be removed from institutions or diverted from institutional placement if community supports are available.
- Work with the Housing Division staff in the OCD to find accessible, affordable housing within public transportation service areas.
- Work with the transit systems and other community transportation providers to keep abreast of service areas, transit routes and schedules, ADA eligibility criteria, and other issues that affect the target population.
- Work with advocacy groups and users to ensure that the project is meeting the needs of the target population.
- Serve as a transportation ombudsman for the target population, helping to solve problems and find transportation solutions.
- Authorize the purchase of trips from the special transportation fund.

The transportation fund would be used to purchase trips for Olmstead impacted people who:

- Live in areas that do not have transit systems
- Live in areas that have transit systems, but are not within range of a bus route.
- Live in areas that have transit systems and qualify as ADA eligible, but don't live within the transit ADA service corridor
- Live in areas that have transit systems, don't qualify as ADA eligible, yet have trouble using fixed route buses
- Live in transit service areas, but need to travel at times when transit service is not available
- Have unique circumstances that require a non-transit solution

Transportation could be purchased through contracts with specific providers, systems such as the Medicaid transportation broker or the community coordination coalitions, vouchers, "smart card" technology that enables us to establish a transportation account with a debit card for an individual, or other means that are appropriate in the community of residence.

Project Objectives:

The principle objectives of the project are to:

- Remove transportation as a barrier to community living for those with chronic illnesses and disabilities.
- Forge a strong partnership among agencies so collaborative decisions are made for each individual with regard to community placement, social and health services, housing, and transportation.
- Demonstrate that the availability of transportation leads to success in diverting people from institutions.

Components and Outcomes:

The transportation coordinator will work with partnership agencies, local providers, and transportation coalitions to develop individualized transportation plans that will enable Olmstead impacted people to live in community settings. The plan will include identifying affordable, accessible housing in locations served by transit systems. If such housing cannot be found, the plan will include procedures for purchasing transportation through the most appropriate resource.

With this approach, no one will arrive in a community setting only to find they are house bound. The link between housing and transportation will be addressed, enabling people to access necessary services, get to stores, and participate in community life. Institutionalization will be avoided unless it is either the preference of the client or is medically necessary.

Communications Plan:

ACCT has established a wide network of contacts at the state and local levels and communicates regularly with its network. This will serve as an avenue for much of the communication. The DSHS and OCD partners have communication links to caseworkers, service providers, city planners, and housing developers. These established relationships and networks will ensure successful communication and dissemination.

Project costs:
We are proposing a five-year project. As we demonstrate that the availability of transportation can prevent institutionalization, we expect to capture some of the savings to reinvest in the project. Eventually it will be self-supporting. Costs would be distributed as follows:

Expense	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Staff costs (salary, benefits, equipment, travel, supplies)	$100,000	$115,000	$130,000	$125,000	$60,000	$530,000
Trip purchasing fund	$200,000	$300,000	$450,000	$300,000	$150,000	$1,400,000
Total	$300,000	$415,000	$580,000	$425,000	$210,000	$1,930,000

Timetable:
For purposes of establishing a timetable, we are assuming that funding is available on January 1, 2002.

Task	Target Date
Hire staff	February 15, 2002
Establish core inter-agency work group	March 10, 2002
Disseminate work group protocols to field staff	April 1, 2002
Communicate project goals and protocols to transportation providers and community coordination coalitions	April 15, 2002
Establish data tracking, reporting and evaluation criteria	April 30, 2002
Start to build the caseload	May 1, 2002
Establish trip purchasing processes	May 10, 2002

Quarterly reports and a yearly evaluation will be part of the work plan.

Risks and Limitations:
The project is fairly simple. There aren't any significant risks or limitations. The only real risk is that the budget projection is not accurate. This might occur if the caseload either does not materialize or is too large; or if assumptions are wrong about the percentage of the caseload that will be located within existing transit service areas or the number of trips per week to be taken by people outside of the transit service areas.

Qualifications of Applicant:
The applicant is the Agency Council on Coordinated Transportation (ACCT), which was established by the Washington State Legislature in 1998 to promote the coordination and improvement of transportation services for those, who because of physical or mental disability, income status, or age, are unable to transport themselves or purchase transportation. ACCT is housed within the Washington State Department of Transportation and receives institutional support and technical assistance from the WSDOT.

ACCT is structured in the following manner:

Council – A council of state agencies, transportation providers, consumer advocates, and legislators serves as the decision-making and oversight body

Staff – The ACCT Administrator has 25 years of experience managing complex projects and health and human service programs, with 18 years working on transportation issues for Medicaid and other

vulnerable populations. ACCT also has a research analyst, a secretary, and a coordinator of community grants and transportation coalitions. The WSDOT also lends technical staff support as needed.

Program for Agency Coordinated Transportation (PACT) Forum – The PACT Forum consists of representatives from all of the state programs that serve people who have special transportation needs. Through its issue-focused work groups, the PACT Forum carries out much of the work plan of ACCT and serves as an advisory committee to the Council.

Community Coalitions – ACCT awards coordination and demonstrations grants to communities and provides technical assistance as well. The communities form coalitions to design and implement coordinated transportation systems for people with special transportation needs. Transportation providers, health and human service organizations, consumer advocates, and system users work together to improve transportation options and services. Coordination focuses on all aspects of providing transportation, including information, training, vehicles, facilities, call taking, scheduling, dispatching, funding, planning, data collection, maintenance, etc. Through coordination, communities will use existing resources to the best advantage to provide more rides and meet unique community needs.

Advocates – ACCT works with a multitude of groups that advocate for the needs of the elderly, the low income, people with disabilities, and children. Advocates serve on work groups, assist in the work of ACCT, and communicate with their constituencies.

The Transportation Coordinator position funded by this project will report to the ACCT Administrator and work within the well-established ACCT structure and partnerships to achieve project goals.

If you have questions, please contact me at (360) 705-7917 or wardje@wsdot.wa.gov
I look forward to hearing from you.

Sincerely,

Jeanne Ward, Administrator
Agency Council on Coordinated Transportation